

SEP 19 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

114 County Wright  
 Township North Line  
 City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ (Ward)

Registration District No. 908  
 Primary Registration District No. 6222

28141  
 File No. \_\_\_\_\_  
 Registered No. 43

## 2. FULL NAME

Joan June Purtle  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S  
 (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓ ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1934  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
5 8

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. ✓  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) Mountain Grove, Mo  
 (STATE OR COUNTRY)

13. NAME Herman Purtle

14. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

15. MAIDEN NAME Golda Beahm

16. BIRTHPLACE (CITY OR TOWN) Clanias  
 (STATE OR COUNTRY)

17. INFORMANT Mrs Purtle  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hill Crest DATE 7-20-1934

19. UNDERTAKER none  
 (ADDRESS)

20. FILED 8-19-1934 Bernice Montgomery  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 - 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5 - 1934 to July 19 - 1934  
 I last saw him alive on July 19 - 1934 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

Summer diarrhoea Date of onset 1/19/34

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) B. A. Ryan, M. D.  
 (Address) North Grove

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

